ST. BARTHOLOMEW'S

HOSPITAL JOURNAL

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CALENDAR

Fri., July 1.—Dr. Evans and Sir W. Girling Ball on duty.
Sat., ,, 2.—Cricket Match *v.* Chislehurst. 2 p.m. Home.
Tues., ,, 5.—Prof. Christie and Prof. Paterson Ross on duty.
Wed., ,, 6.—Cricket Match *v.* South Hampstead. 2.30 p.m. Away.
Fri., ,, 8.—Dr. Chandler and Mr. Roberts on duty.
Sat., ,, 9.—Cricket Match *v.* Shoeburyness Garrison. 11.30 a.m. Away.
Tues., ,, 12.—Dr. Gow and Mr. Vick on duty.
Wed., ,, 13.—Cricket Match *v.* St. Anne's. 11 a.m. Away.
Fri., ,, 15.—Dr. Graham and Mr. Wilson on duty.
Last day for receiving letters for the August issue of the Journal.
Sat., ,, 16.—Cricket Match *v.* Old Leysians. 2 p.m. Home.
Mon., July 18.—Cricket Match *v.* Haslemere. 11.30 a.m. Away.
Tues., ,, 19.—Dr. Evans and Sir W. Girling Ball on duty.
Last day for receiving other matter for the August issue of the Journal.
Wed., ,, 20.—Cricket Match *v.* Bordon Garrison. 11.30 a.m. Away.
Fri., ,, 22.—Prof. Christie and Prof. Ross on duty.
Sat., ,, 23.—Cricket Match *v.* Nore Command, Chatham. 12 noon. Away.
Tues., ,, 26.—Dr. Chandler and Mr. Roberts on duty.
Wed., ,, 27.—Cricket Match *v.* Hornsey. 2 p.m. Away.
Fri., ,, 29.—Dr. Gow and Mr. Vick on duty.
Sat., ,, 30.—Cricket Match *v.* Lewes Priory. 11.30 a.m. Away.

EDITORIAL

WHAT DO YOU DANCE?

T. E. LAWRENCE has written that there are two sorts of Englishmen who travel abroad. The first type has his Englishness emphasized the further he wanders from home. He carries with him, as it were, a small prayer-carpet of British soil, on which he daily and publicly makes obeisance to his gods. The second type, among whom Lawrence classed himself, imitates the strangers with whom it comes in contact.

This is a bald classification as it stands. The post-war years have seen the quick upgrowth of a third type—cosmopolitan and toneless, which neither causes offence nor yet gains opportunity for proper observation. But for all the intermediate types we may care to imagine, Lawrence's two categories hit the nail very cleanly on the head. There are but the two fundamental outlooks—that which wants to see strange things through its own eyes, and the other wishing to see familiar sights through the eye of strangers.

To us a holiday must have both parts to be satisfying. Fresh experience is the keynote—" change " if you will—both outside ourselves and within from the mind.

THERE is in Ireland something peculiarly refreshing to the jaded Englishman. The language is his own, but it is more musically spoken ; work is not cultivated for its own sake as it is over here ; and then for sure, what is more attractive than that half quizzical, half dreaming philosopher who hides behind the most unpromising exteriors ?

Personally I like going into the country before staying in the cities. Towns have grown up with the migration of ambitious countryfolk drawn by the sparkle of trade and its rewards. The country forms the background to the historical landscape painted figure by figure in the welter of capitals. Peasant and streetjay are cousins mentally—of common stock, but brought up in different homes. And the countryman is more simple to understand. The city picture is blurred by the influence of other nations.

In the country there is both the man himself and his relatively static environment. It is certain that the naturally occurring fruits of the earth play an enormous part in determining the life of peasants all over the world. If Ireland had been without her peat she would have produced a quite different type of smallholder. The accident of peat goes far further than just to provide fuel for the taking. The nature of the soil fundamentally affects the type of husbandry which is possible—and hence the variety of employment. Again, without peat the Irish would need large supplies of coal, and with coal, monstrosities like railways, gas, and all the other appalling paraphernalia of developing urbanism.

Climate and the actual configuration of hills and valleys, proximity to the sea and other geographical factors play their part in moulding a race. Think what a change in outlook the compulsory siesta must make. We English delight in defying the weather, and with that attitude goes the fervent belief in the vital importance of our own particular occupation of the moment. The rise of the siesta is coincident with the decline of the bore.

Man's environment necessarily affects man, but man in his arrogance will always be found to be attempting revenge. A river flows one way. He is determined to make it turn another way and water his fields. Perhaps the Irish are less arrogant than other races ; certainly their efforts at harnessing natural resources are not remarkable. The Limerick Power Station, which is the most notable example of such, is of German origin. However, in a small and rather individualistic way the Irish do alter the face of the earth. They are fond of hedge-building, so that the tiny fields might well shelter their traditional leprechauns, hobgoblins and other familiars. These give to Ireland her quality of dreamy phantasy.

Finally there is man himself—God's latest creation. What is he ? A mixture of work and play ; the former compulsory, and the latter being those things he does of his own volition. For the integrated man these two aspects of life are one ; but most of us from necessity still perform a number of tasks disagreeable to ourselves. To discover the man you must study his play—his enthusiasms and preferences For while he is at work (in our sense of the term) his whole personality is submerged.

The Bantu races in Africa have a custom which shows their appreciation of this fact. When two men from different tribes meet, instead of saying, stupidly, " How do you do ? " they inquire of each other, " What do you dance ? " for by a man's dancing they can tell not only his own occupation, but also something of the ethical code on which his particular society is based.

In Ireland they dance the jig. However, I will not be rash enough to draw general conclusions from that ! Just notice that it is a merry dance—the airs they play on their flutes have a Mozartian flavour. They like wrestling. It is quite unorthodox, and it is more vigorous in the presence of girls. A primitive form of sex display.

But there are two attributes which stand out head and shoulders above the rest. The first is the Irish genius for friendliness, to which is closely bound their love of the wildly improbable story—a gargantuan, yet withal a subtle humour. The second characteristic brings them close to Lawrence's Arabs. "Arabs could be swung on an idea as on a cord ; for the unpledged allegiance of their minds made them obedient servants." So can the Irish. On the one hand it gives mystics like St. Patrick and W. B. Yeats ; on the other it allows the frenzied patriotism which marked the Rising of Easter, 1916. The Irish could rule the world—if they were not so lazy.

CURRENT EVENTS

THE DEAN KNIGHTED

We are sure that all Bart.'s men, both past and present, will wish to join us in congratulating Sir Girling Ball on his knighthood in the recent birthday honours. It is indeed a fitting crown to his work of raising our Medical College to its present pre-eminent position.

In appreciation of this honour the Dean was entertained by the students with a luncheon at Charterhouse Square on Wednesday, June 29th.

SIR GIRLING BALL, F.R.C.S.
Dean of the Medical College.

OTHER BIRTHDAY HONOURS

The Order of the British Empire has been awarded to Lt.-Col. Ambuj Nath Bose, M.B.E., M.D., F.R.C.P., of the Indian Medical Service. Col. Bose is the Professor of Pathology at the Prince of Wales Medical College, Patna.

Mr. James Laidlow Maxwell, General Secretary of the International Red Cross Committee for Central China, has been made a Commander of the British Empire.

PAYING PATIENTS' BILL REJECTED

A Select Committee of the House of Lords rejected the Governors' Bill to secure power to use the general Hospital funds for a paying patients' department. The case for the promoters of the Bill, as reported in the *Times*, was that "this Bill was essential to preserve the efficiency of the Hospital. . . . The members of the medical and surgical staff were paid only 50 guineas a year. . . . The real fear of the Governors was that young and promising surgeons and physicians would be deterred from taking appointments on the staff".

The rejection was based on the grounds that the funds of the Hospital were vested in charitable trust for the benefit of the sick poor.

We would refer our readers to the Treasurer's letter on this subject in the Correspondence columns.

ABERNETHIAN SOCIETY

Readers may remember the diatribe that was published some while back against that Secret Society masquerading under the name "Abernethian". The Society has now ceased to be secret, and has held the first public election of officers under the new system. The principle is obviously a right one, though it seems that the two retiring secretaries cannot be rewarded for their year of labour by being made Presidents without having to descend into the democratic arena.

A small number of electors did so elect the late secretaries, Mr. D. V. Morse and Mr. C. C. Evill—the smallness of the poll due, we hope, to its taking place at 5.30 of a hot afternoon.

The other officers for the coming year are :

Vice-Presidents—D. I. Crowther.
M. H. Harmer.
Secretaries—C. M. Fletcher.
R. B. Terry.
Extra Committee Men—P. Collard.
J. Gauvain.

After the elections three clinical cases were shown.

OLD STUDENTS' DINNER

The Old Students' Dinner will not be held at the beginning of the term as usual, but probably at the end of October, in order to suit the convenience of H.R.H. the Duke of Gloucester, who intends, as President of the Hospital, to be present on this occasion.

THE NATIONAL UNION OF STUDENTS

At a recent meeting of the Students' Union Council a resolution that the Students' Union should affiliate to the National Union of Students was carried by ten votes to one.

This decision reversed the vote taken earlier in the year which had been based on misleading and biassed information. It was therefore felt necessary to put the matter before the general body of students before committing them to the N.U.S.

A full report of the Special General Meeting for Clinical Students held in the Abernethian Room will be found under the Students' Union News. At this meeting the motion was lost by 49 votes to 40, after a lively debate.

Following traditional parliamentary procedure, the President of the Students' Union declared that a Poll would be taken at a later date.

PRESENTATION TO C. K. VARTAN

A silver salver from past and present Bart.'s Students was presented to Mr. C. K. Vartan on his retirement from the appointment of Resident Accoucheur.

The presentation took place on the occasion of Mr. Vartan's last Practical Midwifery lecture. Mr. D. B. Frazer handed the salver to Mr. Vartan in the presence of a large and enthusiastic audience of students.

MANAGER OF THE JOURNAL

Mr. C. D. Ewan, who has been the Business Manager of the Journal for the last eight months, has lately retired from office. A great deal of the recent financial success of the JOURNAL has been due to Mr. Ewan and his Advertising Committee, and we are extremely grateful to them. Mr. G. D. Graham, a member of the Advertising Committee, is the new manager.

AUTUMN BOOK SUPPLEMENT

In spite of Dr. Wilfred Shaw's eloquent denunciation of our practice of book-reviewing in general, and the Spring Book Supplement in particular, and in spite of the cynical assurance of a former Editor that the Supplement only served the purpose of relieving our embarrassed chests of free books, we propose to repeat the offence in the Autumn.

We feel that reviews of medical books have some value for the student, especially if, as the retiring "G.F." points out, they are from the student point of view. We also hope that our reviews may be of some service to practitioners in the country. Lastly, the advertisements of publishing firms are not to be sneezed at.

MUSICAL SOCIETY

The Musical Society is now well established, with Dr. Geoffrey Bourne as President. There has emerged the nucleus of a competent orchestra, and negotiations for a conductor are proceeding; a choral society, though there will be general regret that it has not proved possible to recruit female voices from the Nursing Staff; and a gramophone section, which held its first meeting on Thursday, June 23rd, at which various classical works were played.

A very large stock of records is available, and it is hoped that the Society will soon possess its own gramophone.

SIR NORMAN MOORE'S ADVICE TO A MAN WHO HAD JUST QUALIFIED

[THIS letter was sent to us by an Old Bart.'s man, who was a friend of Sir Norman Moore.—ED.]

"94, GLOUCESTER PLACE,
"PORTMAN SQUARE, W.
"*March* 28, 1912.

"DEAR ——,

"Sydenham was asked by Sir Richard Blackmore what book he would recommend him to improve him in medicine and replied *Don Quixote*. It has often been quoted as an answer showing contempt for Blackmore but I do not agree with this view of Sydenham's advice. I think he meant: 'read a book which will give you a broad view of human nature' and the advice was good. So read *Don Quixote* and the best translations are those of Jervas and of Ormsby. Jervas is in excellent English, Ormsby is a more exact version and also in pure English. All the other English translations are less worth reading than these.

"Then I advise you to read Boswell's *Life of Johnson* so as to know it well and generally to read all the great works of English literature: the whole of Shakespeare: Burke's speeches at Bristol and on Economical Reform and on Fox's East India Bill and his letter to the Duke of Bedford: Goldsmith's poems and the *Citizen of the World* and the *Vicar of Wakefield*: and *Cowper's Letters* and *Gray's Letters* and Swift's *Journal to Stella* and as much in the *Spectator*, the *Tatler* and the *Rambler* as interests you.

"When you have read these you will feel how much good literature tends to improve a man as a physician: to fill his mind, train his thoughts and give strength to his judgement. With very kind regards

"Yours sincerely,
"NORMAN MOORE."

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M AND B 693

READERS of *The Times* and other daily newspapers will have noticed that some observations made on the treatment of pneumonia in this Hospital have gained unusually wide publicity. The facts, which were reported in the *Lancet* of June 18th and appropriated thence by the daily press, are that three cases of pneumonia, each for a different reason having an unfavourable prognosis, were treated with a new sulphonamide derivative, 2-(p-aminobenzenesulphonamido) pyridine, known as "M and B 693", with strikingly favourable results, and clinical improvement was accompanied by either the disappearance or the decapsulation of pneumococci in the sputum. This drug has a remarkable curative action on pneumococcal infection in mice, and a corresponding clinical effect, of which these are the first examples to be published in detail, was certainly to be hoped for, perhaps indeed expected. The drug is not yet generally available, but a stock has been provided by the manufacturers for further clinical trial in this Hospital.

Much more extensive observations must clearly be made before its therapeutic possibilities can be estimated truly. Cases of pneumonia, and especially of pneumococcal meningitis, will furnish the best opportunities for this study. Users of the drug are asked to remember that it has been given to us on condition that its effects are carefully observed; repeated bacteriological examinations should be made in order to determine the effect of the treatment on the causative organism, as well as full records of the clinical response.

OUR CANDID CAMERA

"Now, let me see. Which side is the heart?"

THE INVESTIGATION OF STERILITY IN WOMEN

By C. K. VARTAN.

THE lines upon which those women who fail to produce a family, when they so desire, may be investigated are quite well known. What may not be appreciated, and certainly was not by me, until it fell to me to investigate these patients, was that such women, apparently previously sterile, could now, without any specific treatment for their sterility, become pregnant following a routine investigation. This was such a satisfying revelation to me that I was prompted to analyse the records I had kept of the patients whom I had undertaken to investigate. The results of that analysis are set out in this paper.

It has been said that " a woman must not be considered sterile until she has been trying to have children for four years ". Some would give the patient five years. It makes little difference, for in either case the patient will probably have taken her intricate problem elsewhere, and if the object of the procrastination is to avoid dealing with it, then it will have been achieved.

It is surely wrong to generalize about sterility in married women. Some are desperately anxious to have children, others are indifferent to, or averse to motherhood. If a patient comes complaining of sterility there can be no sound excuse for not examining her thoroughly, however short the time may be during which she has been hoping to start her family.

Amersbach (1) states : " It is a mistake to wait five years. If a child is not born at the end of one year in wedlock, an examination is indicated." This seems more reasonable. It has also been said that " any examination of the woman without first examining the husband should in these days carry the stigma of malpractice "(2). Before accepting this, consider which of the two is the more desirous of children, and also, as it is the woman who bears the child, which of the two is the more likely to feel the responsibility for the sterility. The answer to these two questions is the same, and explains why it is in fact the woman who first seeks advice. Is she to be sent away and asked to produce her husband? If this is done then the patient will probably say either, " I don't wish my husband to know I have been to consult you ", or " I'm sure my husband would not consent to an examination ". This is not a hypothetical conjecture. So true is it that I have on more than one occasion had to exploit it. At a certain period of the year it happened that work was heavy, and the opportunity for investigating these cases in consequence curtailed. I wrote to the doctor saying," . . . If you can assure me that the husband has got motile spermatozoa in adequate numbers, I will investigate your patient ". It had the expected result. The patients very rarely returned.

The reason given for examining the husband first is that it is easier to look for active spermatozoa than to do the routine investigation on the woman. I believe there are very great difficulties, however, in producing freshly shed spermatozoa for immediate examination; at any rate it is not easy to convince patients of the simplicity of the manœuvre. It has recently been shown by Wiesner that the assessment of the potentialities of spermatozoa depends on the uniformity in size and the viability rather than on numbers and motility, and the assay is described as " one of the most tiresome possible ". I suspect that the reason for sending for the husband is similar to the reasons given for sending the patient away to wait four years.

There are therefore, I believe, good reasons for examining first that member of the family who first presents herself.

The lines upon which the investigation of the woman is carried out are these : A history is taken with the object of finding out if the ovarian function is normal, whether coitus is normal, at what time during the cycle it occurs and how often. The general health and habits of the patient are noted, and special inquiry regarding relevant illnesses in the past, such as mumps, salpingitis, puerperal or post-abortional sepsis and tuberculosis, is made.

The examination commences with the recording of an impression of endocrine balance or otherwise, by noting the texture of the skin, the distribution of the hair, the presence or otherwise of accumulations of fat, the development of the breasts and the width of the hips. An abdominal and a vaginal examination are made, and occasionally some gross cause for the sterility will be found. Fibroids, hydrosalpinx, imperforate hymen, vaginismus and interstitial salpingitis are included in this category. They will require their separate appropriate treatments.

More often than not, however, no abnormal physical sign can be detected, with the exception of the varying degrees of uterine hypoplasia.

The patency of the tubes must now be proved. At our disposal are lipiodol, carbon dioxide and air. All have been used for this purpose. My preference is for lipiodol. The passing of a gas through the cervix can only demonstrate patency or the reverse. It will give no indication of the position of the occlusion or of the size of the uterus. Both these things are of great

importance. Using insufflation, errors in interpretation can occur. Küstner (3) records two cases where a typical fall in the manometer reading was recorded, and where typical rustling sounds were heard *per abdomen*. In neither of these cases were the tubes patent; they had merely become enormously inflated. Novak (4) records the same finding. Dangers, too, attend insufflation. Fatal air embolism due to damage to a sinus in the endometrium is recorded by Mansfield and Dudits (5).

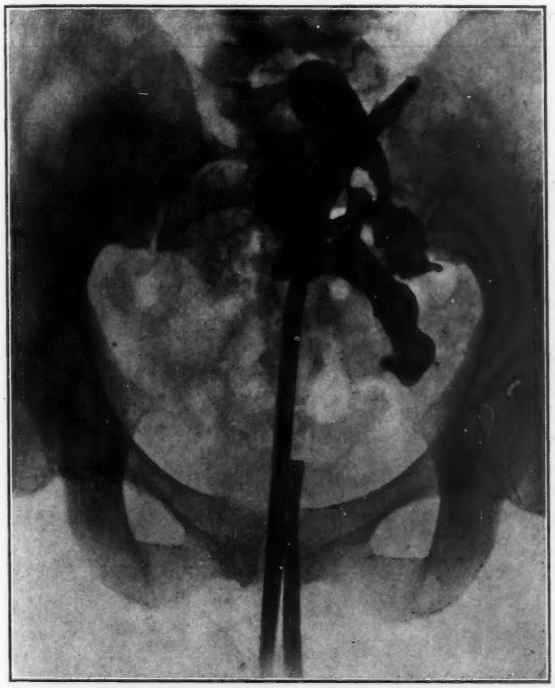

FIG. 1.—RUPTURED UTERUS.

Gas embolism, infection, rupture of the tube and respiratory syncope are mentioned by Mammana (6). Pain in the shoulder regions when air is used instead of carbon dioxide is recorded by Novak (4).

Using lipiodol the dangers of infection and rupture remain. Two of my cases demonstrate a recrudescence of an old inflammation, and in one case the uterus was ruptured by the instrument. (In self-defence I must state that in this case the operation was performed by a house surgeon with but slight experience.) The lipiodol was injected nevertheless, it having been our intention to pass it into the peritoneum. The result is seen in Fig. 1. The distance between the volsellum or the cervix and the tip of the catheter should be noted. This patient was admitted to hospital for observation, and fortunately no harmful result followed.

That the peritoneum and tubes, if not actually inflamed at the time of the operation, are completely tolerant to lipiodol has been demonstrated by Béclère(7), and by Schröder and Jacobi (8), who made histological examinations of material removed at operation in twenty-six cases after lipiodol had been injected a few days previously.

Careful clinical examination must exclude active disease therefore, and the operation should be performed midway between two menstrual periods.

There is no uniform technique. Individual differences demand variations. If the examination reveals a uterus normal in size and shape, then I know of no better instrument than the syringe of Everard Williams (Fig. 2). The patient can lie in the left lateral or in the

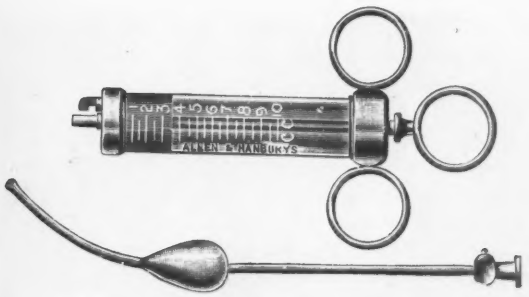

FIG. 2.—EVERARD WILLIAMS' LIPIODOL SYRINGE.

dorsal position on the X-ray couch. The cervix is grasped in a light volsellum and swabbed with sodium bicarbonate to remove mucus, and then cleaned with any suitable antiseptic. The syringe is then passed into the uterus and the lipiodol is injected. The patient may and frequently does experience discomfort when the internal os is dilated by the instrument. If there is no occlusion the patient will feel no pain, though there may be discomfort due to the stretching of the tubes. If there is occlusion, then there is pain, and the resistance is felt by the hand on the syringe. The injection is stopped. In all cases the photograph is taken at once, and the wet film can be inspected in a few minutes. If the lipiodol has entered the tubes then the patient is told to return in twenty-four hours for a second X-ray, for it is necessary to see free lipiodol in the peritoneum.

In cases where the uterus is small and acutely kinked I prefer to do the operation on a proper table, and to use a metal catheter rather than a syringe of standard length. Brandy should be available in case of shock. As this is of short duration when it occurs it is rarely necessary to give anything more. Very occasionally it is not possible even under these conditions, and the patient should then

be admitted and the operation performed under an anæsthetic.

Should conception not take place within six months of this operation the husband should be examined thoroughly if he can be prevailed upon to attend.

A working number of 55 is too small to be of real significance, but many recent cases are included, and the number of pregnancies will tend to increase rather than to decrease, thus making the percentage satisfactory result higher.

To attribute success to the lipiodol entirely would be wrong, but as six patients became pregnant in one month, one in two months and four in three months after the operation it must be allowed that the investigation is in a very large part a cure in itself. Compare,

FIG. 3.—SMALL BODY OF UTERUS; PATENT TUBES.

too, the average length of sterility with the average interval before the onset of pregnancy, and the conclusion reached above is, I think, amply supported.

Two cases of demonstrated uterine hypoplasia warrant special notice:

(1) Mrs. D—, married for six years and had never practised contraception. A dilatation and curettage was performed two years ago.

The salpingogram (Fig. 3) shows an immature uterus, the body being small and equal in size to the cervix. She was given 50,000 units of dimenformen twice a week for four weeks. Nine months later she was delivered of a baby weighing 9¾ lb.

(2) Mrs. C—, married for three years and had never practised contraception. Seven months ago a curettage was performed. Her salpingogram (Fig. 4) shows again an immature uterus, and this time occluded tubes also. I wrote to her doctor recommending 50,000 units per week of dimenformen. These were given, and within six months she had become pregnant.

CONCLUSIONS.

There is no valid reason for delaying the investigation of the patient.

There is no harm done by first investigating that partner who is desirous of being investigated.

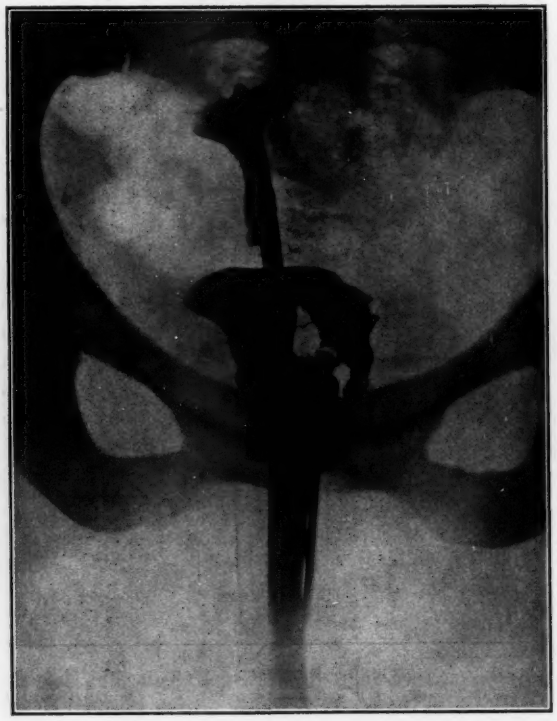

FIG. 4.—SMALL BODY OF UTERUS; TUBES APPARENTLY OCCLUDED.

Lipiodol or similar opaque substance (neo-hydriol is also used) is the best means of demonstrating the state of the genital tract.

The injection, by virtue of the mechanical dilatation of the cervix and tubes, is in itself curative in a high percentage of cases.

Sterility in which uterine hypoplasia is a factor should be treated by œstrin.

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(2) DICKINSON and CAREY.—*Journ. Amer. Med. Assoc.*, 1927, lxxxviii, No. 1.

(3) KÜSTNER.—*Zentralbl. für Gynäk.*, July, 1934.
(4) NOVAK.—*Ibid.*, January, 1935.
(5) MANSFIELD and DUDITS.—*Ibid.*, September, 1934.
(6) MAMMANA.—*Ann. di Ginecol.*, January, 1934.
(7) BÉCLÈRE.—*Bull. de la Soc. d'Obst. et Gyn. de Paris*, June, 1936.
(8) SCHRÖDER and JACOBI.—*Arch. für Gynäk.*, October, 1930.

PROSPECTS OF THE MEDICAL UNIT

By RONALD V. CHRISTIE.

THE task of the Professorial Unit has been defined as threefold : the care of the sick, the education of the student, and the contribution to new knowledge. With this few will disagree, but I think it is true that the purpose of St. Bartholomew's or any other medical college could be defined in exactly the same terms. It is not evading the issue, therefore, to state that the function of the Medical Unit is to further the interests of the Medical College. This may sound a parochial view of academic medicine, but I think that in the long run the unit system will contribute more to medical progress if it becomes an essential part of the College, than if it exists as a scientific or pseudo-scientific excrescence. In some other countries whole-time medicine has become more than an excrescence ; in a few cases I could quote it has become a tumour on the back of the college which supports it. The same danger, perhaps, exists in this country.

How, then, is the Medical Unit to help the College in its threefold task ? About the care of the sick I have little to say. Other firms have equal facilities, and are staffed by physicians whose whole time is devoted to the diagnosis and treatment of difficult medical cases. It is essential that the medical unit should maintain the high standard of medical care which already exists. It would be nice to think that it could raise this standard by critical essay of new methods of treatment.

About the education of the student I have more to say. It has been suggested that the M.B. degree is generally misinterpreted in that it does not mean that the bearer is well versed in the principles of medicine, but only that he is woefully ignorant of the sciences. This is probably an exaggeration, but it is true that in the minds of most students the pre-clinical subjects are learnt, only to be forgotten once the first M.B. examination has been hurdled. This is hardly the fault of the student, as he receives little instruction in the application of these sciences to medicine, and what is not used is soon forgotten. The surgeons see to it that he does not forget his anatomy, but although physiology is to medicine what anatomy is to surgery, little effort is made to teach anything but the rudiments of applied physiology in the clinical years. The physiological principles involved in the production of signs and symptoms appear superficially to be of little practical importance, but we must face the fact that medicine is becoming more of a science and less of an art, and the gullibility of many graduates in prescribing the nostrums and pseudo-scientific remedies recommended by the makers of proprietary preparations usually reflects ignorance of the physiological principles involved in disease. Contact with the problems of research should qualify the staff of the medical unit to present to students these aspects of physiology, often referred to as functional pathology. I do not mean to make graven images of applied physiology or biochemistry, but I do believe that a limited amount of this kind of teaching is of practical value, stimulates cerebration and is likely to detect the student whose mind is of the inquisitive type suited for investigative work.

This brings me to the third task. The reputation of any medical school outside its own immediate environment depends, partly at least, on its contributions to medical knowledge. I would like to think of the Medical Unit as a filter which will retain those who are particularly suited for investigative work. On the efficiency of this filter would depend how much of the research done would be of the routine variety capable of production by any trained worker, and how much of the rarer variety which springs from originality. I do not mean to deprecate the routine type of research, as both are essential for the progress of medical knowledge and the one stimulates the other. The routine variety has, in my opinion, the additional advantage of providing an ideal, if not essential, training for those who intend to specialize in the practice of medicine, for the experience of correlating personal observation with the literature on any medical subject is the only means by which text-books of medicine can be placed in their proper perspective. The Medical Unit should be so equipped that any member of the Hospital Staff could find encouragement and a place for his investigations. I would also like to be able to say that the Medical Unit could finance these investigations. This should be so, and I hope will be so in the near future.

There is more that I could say of the structure and organization of the Medical Unit, but much has been said by others and I would prefer to wait awhile.